			FILED EFFECTIVI
		ORGANIZATION	
		LITY COMPANY	08 APR 10 PM 1= 05
I S	(Instructions on ba	ack of application)	SECRETARY OF STATE
1. The r	name of the limited liability	company is:	STATE OF IDAHO
DIC	AR GLASSWORKS LLC		
2. The s	street address of the initial r	egistered office is:	
		E JOAHO 836K	
and f	······································	ered agent at the above addre	ss is:
	ne R. Frieders		
	· · · · · · · · · · · · · · · · · · ·		
	mailing address for future co	LE ZOAHS 836K	
561	W. Bankside Dr. 2.46	2011110 00010	
4. The l	imited liability company will	be:	
		U U.	
5. If ma	ager-managed or Men nager-managed, list the nar mber-managed, list the nan	nber-managed 🗹 (please ch me(s) and address(es) of at lea ne(s) and address(es) of at lea	ast one initial member.
5. If ma	ager-managed 🔲 or Men nager-managed, list the nar	nber-managed (please ch me(s) and address(es) of at lea ne(s) and address(es) of at lea Addr	ast one initial manager. ast one initial member. ess
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5. If ma If me <u>Wa</u> <u>Sus</u>	ager-managed i or Men nager-managed, list the nar mber-managed, list the nan <u>Name</u> yne R. Frieders an C. Frieders	nber-managed 🔽 (please ch me(s) and address(es) of at lea ne(s) and address(es) of at lea Addr 561 W. Bankside Dr.	ast one initial manager. ast one initial member. ess <u>AGLE ID. 83646</u> 7 7 7
5. If ma If me <u>Way</u> Sus 6. Signa	ager-managed ist the nar mager-managed, list the nar mber-managed, list the nar <u>Name</u> yne R. Frieders an C. Frieders ature of at least one person	nber-managed [v] (please chi me(s) and address(es) of at lea Addr 561 W. Bankside Dr. 200 561 W. Bankside Dr. 61 W. Bankside Dr.	ast one initial manager. ast one initial member.
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5. If ma If me <u>Way</u> Sus Sus 6. Signa Signa Typeo Capad Signa	ager-managed ist the nar nager-managed, list the nar mber-managed, list the nar Name yne R. Frieders an C. Frieders an C. Frieders ature of at least one person ture: Layne K. Frieder d Name: Wayne R. Frieder city: Managing Member	nber-managed () (please chi me(s) and address(es) of at lea Address(es) of at lea Soft W. Bankside Dr. () 561 W. Bankside Dr. 561 W. Bankside Dr.	ast one initial manager. ast one initial member.
5. If ma If me <u>Way</u> Sus Sus 6. Signa Typeo Capad Signa Typeo	ager-managed ist the nar mager-managed, list the nar mber-managed, list the nar Name yne R. Frieders an C. Frieders an C. Frieders ature of at least one person ture: <u>Mayne R. Frieder</u> d Name: <u>Wayne R. Frieder</u> city: <u>Managing Member</u>	nber-managed () (please chi me(s) and address(es) of at lea Address(es) of at lea Soft W. Bankside Dr. () 561 W. Bankside Dr. 561 W. Bankside Dr.	ast one initial manager. ast one initial member.